

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT
CALIFORNIA PATIENT DISCHARGE DATA REPORTING MANUAL, THIRD
EDITION**

For Discharge Data for the Years 1999 and 2000

EXPECTED SOURCE OF PAYMENT

Section 97232

(a) Effective with discharges on or after January 1, 1999, the patient's expected source of payment shall be reported using the following:

Format for reporting this data element on the Manual Abstract Reporting Form for discharges occurring on or after January 1, 1999:

16. EXPECTED SOURCE OF PAYMENT			
PAYER CATEGORY		TYPE OF COVERAGE	NAME OF PLAN
01 Medicare	06 Other Government	1 Managed Care - Knox – Keene/ MCOHS 2 Managed Care - Other 3 Traditional Coverage	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
02 Medi-Cal	07 Other Indigent		
03 Private Coverage	08 Self Pay		
04 Workers' Compensation	09 Other Payer		
05 County Indigent Programs			

Valid combinations for reporting Expected Source of Payment

FOR PAYER CATEGORY	SELECT TYPE OF COVERAGE	NAME OF KNOX-KEENE (HMO) PLAN OR MCOHS PLAN
01, 02, 03, 04, 05, 06	1 Knox-Keene (HMO) or MCOHS Plan	Report valid plan code number (Refer to Table 1 and Table 2)
01, 02, 03, 04, 05, 06	2 Managed Care – Other (PPO, IPO, POS, etc.)	0000
01, 02, 03, 04, 05, 06	3 Traditional Coverage (Fee for Service)	0000
07, 08, 09	0 No Coverage	0000

(1) Payer Category: The type of entity or organization which is expected to pay or did pay the greatest share of the patient's bill.

This data element is defined as the source of payment that is expected, at the time of admission, to pay or did pay the greatest share of the patient's bill. Hospitals may report to OSHPD the most recent source of payment for patients with stays exceeding a year.

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(A) Medicare. A federally administered third party reimbursement program authorized by Title XVIII of the Social Security Act. Includes crossovers to secondary payers.
DISCUSSION

Select one of the following Type of Coverage categories when reporting this category as the payer:

- Managed Care – Knox-Keene/Medi-Cal County Organized Health Systems. Knox-Keene Plans are Health Maintenance Organizations (HMO) Plans licensed by the Department of Corporations under the Knox-Keene Healthcare Service Plan Act of 1975. Plans and Plan Code Numbers are listed in Table 1. Also include in this managed care Type of Coverage category are the Medi-Cal County Organized Health Systems (MCOHS) listed in Table 2.
- Managed Care – Other. This Type of Coverage should be reported for all non-HMO managed care. Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO), and Exclusive Provider Organization with Point-of-Service option (POS) are examples of Managed Care – Other.
- Traditional Coverage. All other forms of healthcare coverage, including the Medicare prospective payment system, indemnity or fee-for-service plans, or other fee-for service payers.

(B) Medi-Cal. A state administered third party reimbursement program authorized by Title XIX of the Social Security Act.

DISCUSSION

Select one of the following Type of Coverage categories when reporting this category as the payer:

- Managed Care – Knox-Keene/Medi-Cal County Organized Health System
- Managed Care – Other
- Traditional Coverage

For a more detailed description of the Types of Coverage categories, refer to the discussion section for (A) *Medicare* above.

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(C) Private Coverage. Payment covered by private, non-profit, or commercial health plans, whether insurance or other coverage, or organizations. Included are payments by local or organized charities, such as the Cerebral Palsy Foundation, Easter Seals, March of Dimes, or Shriners.

DISCUSSION

Select one of the following Type of Coverage categories when reporting this category as the payer:

- Managed Care – Knox-Keene/Medi-Cal County Organized Health System
- Managed Care – Other
- Traditional Coverage

For a more detailed description of the Types of Coverage categories, refer to the discussion section for (A) *Medicare*.

Automobile Insurance payments are included in this Payer Category.

(D) Workers' Compensation. Payment from workers' compensation insurance, government or privately sponsored.

DISCUSSION

Select one of the following Type of Coverage categories when reporting this category as the payer:

- Managed Care – Knox-Keene/Medi-Cal County Organized Health System
- Managed Care – Other
- Traditional Coverage

For a more detailed description of the Types of Coverage categories, refer to the discussion section for (A) *Medicare*.

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(E) County Indigent Programs. Patients covered under Welfare and Institutions Code Section 17000. Includes programs funded in whole or in part by County Medical Services Program (CMSP), California Healthcare for Indigents Program (CHIP), and/or Realignment Funds whether or not a bill is rendered.

DISCUSSION

Select one of the following Type of Coverage categories when reporting this category as the payer:

- Managed Care – Knox-Keene/Medi-Cal County Organized Health System
- Managed Care – Other
- Traditional Coverage

For a more detailed description of the Types of Coverage categories, refer to the discussion section for (A) ***Medicare***.

(F) Other Government. Any form of payment from government agencies, whether local, state, federal, or foreign, except those in Subsections (b)(1)(A), (b)(1)(B), (b)(1)(D), or (b)(1)(E) of this section. Includes funds received through the California Children Services (CCS), the Civilian Health and Medical Program of the Uniformed Services (TRICARE), and the Veterans Administration.

DISCUSSION

Select one of the following Type of Coverage categories when reporting this category as the payer:

- Managed Care – Knox-Keene/Medi-Cal County Organized Health System
- Managed Care – Other
- Traditional Coverage

For a more detailed description of the Types of Coverage categories, refer to the discussion section for (A) ***Medicare***.

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(G) Other Indigent. Patients receiving care pursuant to Hill-Burton obligations or who meet the standards for charity care pursuant to the hospital's established charity care policy. Includes indigent patients, except those described in Subsection (b)(1)(E) of this section.

DISCUSSION

This category is excluded from reporting Type of Coverage and Name of Plan. The Other Indigent record will have no Type of Coverage or Name of Plan to render payment. Use of Plan Code Number 8000, "Other", is inappropriate because the Other Indigent patient does not have Knox-Keene (HMO) coverage. Unused numeric fields may be zero-filled.

(H) Self Pay. Payment directly by the patient, personal guarantor, relatives, or friends. The greatest share of the patient's bill is not expected to be paid by any form of insurance or other health plan.

DISCUSSION

This category is excluded from reporting Type of Coverage and Name of Plan. The Self-Pay record will have no Type of Coverage or Name of Plan to render payment. Use of Plan Code Number 8000, "Other", is inappropriate because the Self-Pay patient does not have Knox-Keene (HMO) coverage. Unused numeric fields may be zero-filled.

(I) Other Payer. Any third party payment not included in Subsections (b)(1)(A) through (b)(1)(H) of this section. Included are cases where no payment will be required by the facility, such as special research or courtesy patients.

DISCUSSION:

This category is excluded from reporting Type of Coverage and Name of Plan. No payment will be required of patients reported as Other Payer. The record will have no Type of Coverage or Name of Plan to render payment. Use of Plan Code Number 8000, "Other", is inappropriate because the Other Payer patient does not have Knox-Keene (HMO) coverage. Unused numeric fields may be zero-filled.

Live organ donors are included in this payer category.

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(2) Type of Coverage. *For each Payer Category, Subsections (b)(1)(A) through (b)(1)(F) of this section, select one of the following Types of Coverage:*

DISCUSSION

A Type of Coverage category must be selected when reporting the following Payer Categories:

- Medicare
- Medi-Cal
- Private Coverage
- Workers' Compensation
- County Indigent Programs
- Other Government

(A) Managed Care - Knox-Keene/Medi-Cal County Organized Health System. *Healthcare service plans, including Health Maintenance Organizations (HMO), licensed by the Department of Corporations under the Knox-Keene Healthcare Service Plan Act of 1975. Includes Medi-Cal County Organized Health Systems.*

(B) Managed Care - Other. *Healthcare plans, except those in Subsection (b)(2)(A) of this section, which provide managed care to enrollees through a panel of providers on a pre-negotiated or per diem basis, usually involving utilization review. Includes Preferred Provider Organization (PPO), Exclusive Provider Organization (EPO), Exclusive Provider Organization with Point-of-Service option (POS).*

(C) Traditional Coverage. *All other forms of healthcare coverage, including the Medicare prospective payment system, indemnity or fee-for-service plans, or other fee-for-service payers.*

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(3) Name of Plan. (A) For discharges occurring on or after January 1, 1999, up to and including discharges occurring on December 31, 1999, report the names of those plans which are licensed under the Knox-Keene Healthcare Service Plan Act of 1975 or designated as a Medi-Cal County Organized Health System. For Type of Coverage, Subsection (b)(2)(A) of this section, report the plan code number representing the name of the Knox-Keene licensed plan as shown in Table 1 or the Medi-Cal County Organized Health System as shown in Table 2.

DISCUSSION

A Name of Plan/Code Number from either Table 1 or Table 2 must be selected when reporting the Managed Care – Knox-Keene (HMO)/Medi-Cal County Organized Health System (MCOHS) category of Type of Coverage. Separate Tables exist for 1999 and 2000 discharges.

Plan Code Number **8000** may be used *only* to report Knox-Keene Licensed Plans that are not listed because they obtained licensure after the table was created. Questions regarding appropriate Plan Code Numbers for unlisted Plans may be referred to your Patient Discharge Data Analyst. **8000** should not be used to report PPO, EPO or other non-HMO coverage.

If no Knox-Keene (HMO) or MCOHS Plan is to be reported the unused numeric fields may be zero-filled or they may be left unfilled.

Please report **only** California HMO's under Type of Coverage Managed Care Knox-Keene/MCOHS (1). Inpatient care covered by an out of state/non-California HMO is reported as Managed Care-Other (2).

Table 1. and Table 2. below are for use with discharges occurring on, or after, January 1, 1999, up to and including, discharges occurring on December 31, 1999.

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*Table 1. Knox-Keene Licensed Plans and Plan Code Numbers:
For use with discharges occurring in 1999.*

<i>Plan Code Names</i>	<i>Plan Code Numbers</i>
<i>Aetna Health Plans of California, Inc.</i>	<i>0176</i>
<i>Alameda Alliance for Health</i>	<i>0328</i>
<i>American Family Care</i>	<i>0322</i>
<i>Blue Cross of California</i>	<i>0303</i>
<i>Blue Shield of California</i>	<i>0043</i>
<i>BPS HMO</i>	<i>0314</i>
<i>Brown and Toland Medical Group</i>	<i>0352</i>
<i>Calaveras Provider Network</i>	<i>0365</i>
<i>Care 1st Health Plan</i>	<i>0326</i>
<i>Careamerica-Southern California, Inc.</i>	<i>0234</i>
<i>Chinese Community Health Plan</i>	<i>0278</i>
<i>Cigna Healthcare of California, Inc.</i>	<i>0152</i>
<i>Community Health Group</i>	<i>0200</i>
<i>Community Health Plan (County of Los Angeles)</i>	<i>0248</i>
<i>Concentrated Care, Inc.</i>	<i>0360</i>
<i>Contra Costa Health Plan</i>	<i>0054</i>
<i>FPA Medical Management of California, Inc</i>	<i>0350</i>
<i>Great American Health Plan</i>	<i>0327</i>
<i>Greater Pacific HMO Inc</i>	<i>0317</i>
<i>HAI</i>	<i>0292</i>
<i>Healthmax America</i>	<i>0277</i>
<i>Health Net</i>	<i>0300</i>
<i>Health Plan of America (HPA)</i>	<i>0126</i>
<i>Health Plan of the Redwoods</i>	<i>0159</i>
<i>Heritage Provider Network, Inc.</i>	<i>0357</i>
<i>Inland Empire Health Plan</i>	<i>0346</i>
<i>Inter Valley Health Plan</i>	<i>0151</i>
<i>Kaiser Foundation Added Choice Health Plan</i>	<i>0289</i>
<i>Kaiser Foundation Health Plan, Inc.</i>	<i>0055</i>
<i>Kern Health Systems Inc</i>	<i>0335</i>
<i>Key Health Plan of California</i>	<i>0343</i>
<i>Lifeguard, Inc.</i>	<i>0142</i>
<i>LA Care Health Plan</i>	<i>0355</i>
<i>Managed Health Network</i>	<i>0196</i>
<i>Maxicare</i>	<i>0002</i>
<i>MCC Behavioral Care of California, Inc.</i>	<i>0298</i>
<i>MedPartners Provider Network, Inc.</i>	<i>0345</i>
<i>Metrahealthcare Plan</i>	<i>0266</i>

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<i>Merit Behavioral Care of California, Inc.</i>	<i>0288</i>
<i>Monarch Plan Inc.</i>	<i>0270</i>
<i>National Health Plans</i>	<i>0222</i>
<i>National HMO</i>	<i>0222</i>
<i>Occupational Health Services (OHS)</i>	<i>0235</i>
<i>Omni Healthcare, Inc.</i>	<i>0238</i>
<i>One Health Plan of California Inc.</i>	<i>0325</i>
<i>Pacificare Behavioral Health of California Inc.</i>	<i>0301</i>
<i>Pacificare of California</i>	<i>0126</i>
<i>Priorityplus of California</i>	<i>0237</i>
<i>Prucare Plus</i>	<i>0296</i>
<i>Qualmed Plans for Health</i>	<i>0300</i>
<i>Regents of the University of California</i>	<i>0354</i>
<i>San Francisco Health Plan</i>	<i>0349</i>
<i>Santa Clara County Family Health Plan</i>	<i>0351</i>
<i>Secure Horizons</i>	<i>0126</i>
<i>Sharp Health Plan</i>	<i>0310</i>
<i>Smartcare Health Plan</i>	<i>0212</i>
<i>The Health Plan of San Joaquin</i>	<i>0338</i>
<i>Tower Health Service</i>	<i>0324</i>
<i>UHC Healthcare</i>	<i>0266</i>
<i>UHP Healthcare</i>	<i>0008</i>
<i>Universal Care</i>	<i>0209</i>
<i>Valley Health Plan</i>	<i>0236</i>
<i>Value Behavioral Health of California, Inc.</i>	<i>0293</i>
<i>Ventura County Healthcare Plan</i>	<i>0344</i>
<i>Vista Behavioral Health Plan</i>	<i>0102</i>
<i>Western Health Advantage</i>	<i>0348</i>
<i>Other HMO</i>	<i>8000</i>

*Table 2. Medi-Cal County Organized Health Systems and Plan Code Numbers:
For Use with Discharges occurring in 1999*

<i>Name of Medi-Cal County Organized Health System</i>	<i>Plan Code Numbers</i>
<i>Cal Optima (Orange County)</i>	<i>9030</i>
<i>Health Plan of San Mateo (San Mateo County)</i>	<i>9041</i>
<i>Santa Barbara Health Authority (Santa Barbara County)</i>	<i>9042</i>
<i>Santa Cruz County Health Options (Santa Cruz County)</i>	<i>9044</i>
<i>Solano Partnership Health Plan (Solano County)</i>	<i>9048</i>

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(B) For discharges occurring on or after January 1, 2000, report the names of those plans which are licensed under the Knox-Keene Healthcare Service Plan Act of 1975 or designated as a Medi-Cal County Organized Health System. For Type of Coverage, Subsection (a) (2) (A) of this section, report the plan code number representing the name of the Knox Keene licensed plan as shown in Table 1, or the Medical County Organized Health System as shown in Table 2.

Table 1. Knox-Keene Licensed Plans and Plan Code Numbers:
For use with discharges occurring in 2000

<i>Plan Code Names</i>	<i>Plan Code Numbers</i>
<i>Aetna Health Plans of California, Inc.</i>	<i>0176</i>
<i>Alameda Alliance for Health</i>	<i>0328</i>
<i>Blue Cross of California</i>	<i>0303</i>
<i>Blue Shield of California</i>	<i>0043</i>
<i>BPS HMO</i>	<i>0314</i>
<i>Calaveras Provider Network</i>	<i>0365</i>
<i>Care 1st Health Plan</i>	<i>0326</i>
<i>Cedars-Sinai Provider Plan, LLC</i>	<i>0366</i>
<i>Chinese Community Health Plan</i>	<i>0278</i>
<i>Cigna Healthcare of California, Inc.</i>	<i>0152</i>
<i>Community Health Group</i>	<i>0200</i>
<i>Community Health Plan (County of Los Angeles)</i>	<i>0248</i>
<i>Concentrated Care, Inc.</i>	<i>0360</i>
<i>Contra Costa Health Plan</i>	<i>0054</i>
<i>FPA Medical Management of California, Inc</i>	<i>0350</i>
<i>Great American Health Plan</i>	<i>0327</i>
<i>Greater Pacific HMO Inc</i>	<i>0317</i>
<i>HAI, Hai-Ca</i>	<i>0292</i>
<i>Healthmax America</i>	<i>0277</i>
<i>Health Net</i>	<i>0300</i>
<i>Health Plan of America (HPA)</i>	<i>0126</i>
<i>Health Plan of the Redwoods</i>	<i>0159</i>
<i>Health Plan of San Mateo Healthy Families, not COHS</i>	<i>0358</i>
<i>Heritage Provider Network, Inc.</i>	<i>0357</i>
<i>Holman Professional Counseling Centers</i>	<i>0231</i>
<i>Inland Empire Health Plan</i>	<i>0346</i>
<i>Inter Valley Health Plan</i>	<i>0151</i>
<i>Kaiser Foundation Added Choice Health Plan</i>	<i>0289</i>
<i>Kaiser Foundation Health Plan, Inc.</i>	<i>0055</i>

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<i>Kern Health Systems Inc</i>	<i>0335</i>
<i>Key Health Plan of California</i>	<i>0343</i>
<i>Key HMO Key Choice</i>	<i>0343</i>
<i>Lifeguard, Inc.</i>	<i>0142</i>
<i>LA Care Health Plan</i>	<i>0355</i>
<i>Managed Health Network</i>	<i>0196</i>
<i>Maxicare</i>	<i>0002</i>
<i>MCC Behavioral Care of California, Inc.</i>	<i>0298</i>
<i>MedPartners Provider Network, Inc.</i>	<i>0345</i>
<i>Metrahealthcare Plan</i>	<i>0266</i>
<i>Merit Behavioral Care of California, Inc.</i>	<i>0288</i>
<i>Molina</i>	<i>0322</i>
<i>National Health Plans</i>	<i>0222</i>
<i>National HMO</i>	<i>0222</i>
<i>Omni Healthcare, Inc.</i>	<i>0238</i>
<i>One Health Plan of California Inc.</i>	<i>0325</i>
<i>On Lok Senior Health Services</i>	<i>0385</i>
<i>Pacificare Behavioral Health of California Inc.</i>	<i>0301</i>
<i>Pacificare of California</i>	<i>0126</i>
<i>Primecare Medical Network, Inc. A CA. Corp.</i>	<i>0367</i>
<i>Priorityplus of California</i>	<i>0237</i>
<i>Prucare Plus</i>	<i>0296</i>
<i>Qualmed Plans for Health/Bridgeway</i>	<i>0300</i>
<i>Regents of the University of California</i>	<i>0354</i>
<i>San Francisco Health Plan</i>	<i>0349</i>
<i>Santa Clara Family Health Plan</i>	<i>0351</i>
<i>Scripps Clinic Health Plan Services, Inc.</i>	<i>0377</i>
<i>Secure Horizons</i>	<i>0126</i>
<i>Sharp Health Plan</i>	<i>0310</i>
<i>Simnsa Healthcare</i>	<i>0393</i>
<i>Sistemas Medicos Nacionales, S.A. De C.V.</i>	<i>0393</i>
<i>Smartcare Health Plan</i>	<i>0212</i>
<i>The Health Plan of San Joaquin</i>	<i>0338</i>
<i>Thipa Management Consultants, Incorporated</i>	<i>0363</i>
<i>Tower Health Service</i>	<i>0324</i>
<i>UHC Healthcare</i>	<i>0266</i>
<i>UHP Healthcare</i>	<i>0008</i>
<i>Universal Care</i>	<i>0209</i>
<i>Valley Health Plan</i>	<i>0236</i>
<i>Value Behavioral Health & American Psychol.</i>	<i>0293</i>
<i>Ventura County Healthcare Plan</i>	<i>0344</i>
<i>Vista Behavioral Health Plan</i>	<i>0102</i>

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<i>Western Health Advantage</i>	<i>0348</i>
<i>Other HMO</i>	<i>8000</i>

*Table 2. Medi-Cal County Organized Health Systems and Plan Code Numbers:
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<i>Name of Medi-Cal County Organized Health System</i>	<i>Plan Code Numbers</i>
<i>Cal Optima (Orange County)</i>	<i>9030</i>
<i>Health Plan of San Mateo (San Mateo County)</i>	<i>9041</i>
<i>Santa Barbara Health Authority (Santa Barbara County)</i>	<i>9042</i>
<i>Central Coast Alliance For Health (Santa Cruz County)</i>	<i>9044</i>
<i>Solano Partnership Health Plan (Solano County)</i>	<i>9048</i>